



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400004

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GUISEPPE GARIBALDI CLUB

DOING BUSINESS A

ADDRESS 36 CASTLE ST.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: hogan, michael

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 SIDE ENTRANCE, 1FRONT ENTRACNE; ONE REAR ENT., 2 OUTSIDE ENTRANCES TO CELLAR; TWO INSIDE EXITS TO CELLAR;ONE ENTRANCE TO OFFICE IN ATTIC. 1ST. FL. CLOAK ROOM, SUN PORCH, STORAGE AND RESTROOMS CELLAR: SHOWER, RESTROOMS, KITCHEN, THREE STORAGE ROOMS AND BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400007

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAGGIE'S PUB, INC.

DOING BUSINESS AS GALWAY PUB

ADDRESS 58 COURT ST.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: ROONEY,
MARJORIE E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE ON COURT STREET. ONE EXIT ON S/S OF DRIVEWAY. ONE FLOOR, TWO ROOMS, CELLAR USED FOR STORAGE. ALSO KITCHEN AND 2 RESTROOMS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400010

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ERNIE'S INC.

DOING BUSINESS AS

ADDRESS 330 COURT ST.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PIMENTAL,
MICHAEL A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE AND EXIT; TWO REAR ENTRANCES AND EXITS; SERVICE BAR; 4 DINING ROOMS; COCKTAIL ROOM AND A SEPARATE ENTRANCE ON THE FIRST FLOOR; CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400012

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH POST #40 AMERICAN LEGION INC

DOING BUSINESS A

ADDRESS FEDERAL FURNACE RD.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FANNING,
DEBORAH

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FUNCTION HALL, MEMBER'S ROOM, KITCHEN, STOREROOMS, 4 ENTRANCE/EXITS; (1N/S, 2 W/S, 1 S/S) BAR BETWEEN FUNCTION HALL AND MEMBER'S ROOM TO BE USED BY BOTH AND HOESHOE BAR. A PAVILION AREA ADJACENT TO POST PREMISES. OPEN ON THE SIDES LOCATED ON N/S OF PREMISES.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400013

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEASIDE CLUB OF PLYMOUTH MA. THE

DOING BUSINESS A

ADDRESS 77 FOREST AVE.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: SOLOMON,
EDWARD

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE AND TWO REAR ENTRANCES AND 3 EXITS. MAIN FLOOR HAS TWO ROOMS DIVIDED BY A PARTITION AND FRENCH DOORS. BAR, STOCKROOM, AND CELLAR WITH TWO EXITS USED FOR STORGE. BOCCI COURT.

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CLASS

YEAR

LICENSEE NAME: PLYMOUTH LODGE #1476 B.P.O.E.

DOING BUSINESS A

ADDRESS 52 LONG POND RD.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: Northington, Hugh TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG., 3 WOMEN'S & MEN'S RESTROOMS, 3 ENTRANCES AND 4 EXITS. 1 WOMEN'S AND 1 MEN'S LOCKER ROOM, ONE GYMNASIUM, 1 OFFICE, 2 LOUNGES, 1 KITCHEN, ONE STOREROOM, 1 TV ROOM, ONE GAMEROOM; 2 MEETING ROOMS, LIQUOR WILL BE SERVED ONLY FROM 1ST AND 2ND FL. LOUNGE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400016

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KKATIES INC

DOING BUSINESS AS KKATIES

ADDRESS 38 MAIN ST.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: STEIDING, KEITH TYPE OF LICENSE: Restaurant
III

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE/EXIT ON MAIN ST. EXT., ONE IN REAR ALLEY. ONE FLOOR: MAIN ROOM,
KITCHEN AND TWO RESTROOMS. CELLAR USED FOR STORAGE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400017

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNITY CLUB OF PLYMOUTH MA. THE

DOING BUSINESS AS

ADDRESS 40 MAIN ST.EXT.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: BRATTI, PAUL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE ON MAIN ST. EXT.; ONE EXIT AT REAR OF BLDG.; ONE MAIN ROOM, ONE KITCHEN, TWO RESTROOMS, SKYLIGHT TO ROOF.

I hereby certify and swear under penalties of perjury that:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400022

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 180 WATER STREET CORP.

DOING BUSINESS A RADISSON HOTEL PLYMOUTH HARBOR

ADDRESS 180 WATER STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: GOODWIN, EDWA TYPE OF LICENSE: Innholder
RD JR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEW 4 STORY HOTEL AND CONFERENCE CENTER CONSISTING OF 175 GUEST ROOMS,
DINING ROOM, 2 LOUNGE AREA, OFFICES, HEALTH CLUB FACILITIES AND INDOOR
SWIMMING POOL. 4 STORY ATRIUM WITH BALCONIES OVERLOOKING POOL AREA.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400023

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YOUNG AMERICA CLUB INC.

DOING BUSINESS AS

ADDRESS 4 OCEAN VIEW AVE.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MCKENNA, SEAN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES AND EXITS, BAR AND MEETING ROOM. STORE ROOM IN BASEMENT
WITH TWO ENTRANCES AND EXITS. ALL PREMISES DESCRIBED ON TWO FLOORS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400024

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN ALDEN SPORTSMAN CLUB INC.

DOING BUSINESS AS

ADDRESS OFF BEAVER DAM RD.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: BALUTIS, DAVID TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PAVILION (60 X 100) LOCATED ON THE NW SIDE OF THE EXISTING BLDG. ENTRANCE TO THE PAVILION IS BY WAY OF A PRIVATE PATHWAY, CORDED OFF BY A NATURAL, IT IS IN EYESIGHT OF THE MAIN CLUB ROOM AND IS CONTROLLED BY THE MANAGER AND STAFF ON DUTY.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400026

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHITE CLIFFS COMMUNITY ASSOC. INC.

DOING BUSINESS AS WHITE CLIFFS COUNTRY CLUB

ADDRESS OFF WHITE CLIFFS DR.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PIPERATO,
JOSEPH

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, KITCHEN-COCKTAIL LOUNGE, ADM. OFFICES, LOBBY, OUTDOOR TERRACE AND DECK AREA, INDOOR SWIMMING POOL, 2 RACQUETBALL COURTS, FUNCTION AREA, PRO SHOP, EXERCISE AND CARD ROOM, AND LOCKER/ SAUNA RESTROOM FAC. ENT/EXIT ON GROUND LEVEL.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400027

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUN DYNASTY CORPORATION

DOING BUSINESS AS SUN DYNASTY CHINESE RESTAURANT

ADDRESS 21 MEMEORIAL DRIVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MEI, RICKEY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE ON S/S OF BLDG., EXITS ON EAST AND WEST SIDE; ONE FLOOR INCLUDING LOUNGE, DINING ROOM, KITCHEN, OFFICE, PANTRY, MEN'S AND WOMEN'S ROOMS, AND COLLER ROOM.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400030

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRITISH BEER COMPANY INC.

DOING BUSINESS AS THE BRITISH BEER COMPANY

ADDRESS RTE. 3A-CEDARVILLE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FINN, LEO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG., 1ST. FL.: LOUNGE AREA, DINING AREA, KITCHEN AREA, AND 4 RESTROOMS; 2ND. FLOOR CONSISTS OF LIVING QUARTERS WITH SEPARATE ENT/EXIT; FULL BASMENT USED FOR UTILITIES AND STORAGE. MAIN ENTRANCE IN REAR OF BLDG. APPROX. 952 SQ. FT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400032

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHRISTOFORO COLUMBO CLUB INC.

DOING BUSINESS AS

ADDRESS 5 SAVERY'S AVE.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: ARMSTRONG,
ROBERT

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 ENTRANCE AND EXIT ON SAVERY'S AVE. TERRACE. 1 ENTRANCE AND EXIT TO BOILER ROOM ON SAVERY'S AVE. ONE FLOOR ONLY CONTAINING OF KITCHEN, COATROOM, BAR LOUNGE ROOM, STORAGE, BOILER ROOM AND MAIN FUNCTION HALL. NO CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400034

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH MEMORIAL POST V.F.W.

DOING BUSINESS A

ADDRESS 22 SEVEN HILLS RD.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: BRATTI, DENISE TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol
M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE MEMBERS LOUNGE, 1 FUNCTION ROOM, 2 LADIES AND 2 MENS ROOMS, 1
HANDICAPPED UNISEX RESTROOM, 1 KITCHEN, 1 OFFICE, 2 BARS-1MEMBERS; 1
FUNCTION, 3 STORAGE ROOMS, 1 FURNACE, GAME & UTILITY ROOM. 6
ENTRANCES/EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400035

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALBERT J. STEVENS JR.

DOING BUSINESS AS ALS SANDWICHES & PIZZA

ADDRESS SOUTH PARK AVENUE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: STEVENS,
ALBERT J. SR

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR: 3 MAIN ROOMS. ROOM ONE: DINING ROOM, ROOM TWO: KITCHEN. ROOM THREE: STORAGE PLUS BATHROOMS. CONDITIONS: BEER AND WINE TO BE SOLD WITH CONJUNCTION OF FOOD ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400038

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHRISTOS MALLIOS

DOING BUSINESS AS MONTE CHRISTO'S RESTAURANT

ADDRESS STATE RD.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: DINING ROOMS, KITCHEN, CELLAR, STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400041

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE JOHN CARVER INN, INC.

DOING BUSINESS AS JOHN CARVER INN

ADDRESS 25 SUMMER ST.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CATANIA,
WILLIAM

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS: 1ST. FL. CONSISTS OF FUNCTION ROOM, COCKTAIL LOUNGE, DINING ROOM, MEETING ROOMS (3), KITCHEN, LAUNDRY, ADM. OFFICES (2) UTILITY AND STORAGE RMS. (3), LOBBY, GUEST ROOMS (1) GIFT SHOP, AND RESTROOM SECOND AND THIRD FLOORS EACH CONTAIN 39 ROOMS (78) TOTAL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400046

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EAST BAY GRILL, INC.

DOING BUSINESS AS

ADDRESS 173 WATER ST.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: COLTON,
TIMOTHY J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG WITH 4 ENTRANCES & EXITS ON TOWN WHARF & 2 EXITS TO THE HARBOR: CONSISTING OF KITCHEN, LOBBY, DINING RM., LOUNGE WITH SEATING AREA, PATIO, STORAGE AREAS & OFFICE, 250 SQ. FT. OUTSIDE BAR WITH 28 STOOLS & PATIO AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400048

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH YACHT CLUB CO.

DOING BUSINESS AS

ADDRESS 34 UNION ST.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: DARSCH,
REBECCA

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ENT. ON UNION ST. WITH SIX EXIT IN REAR OF BLDG. MAIN FL. HAS LARGE FUNCTION AND SMALL MEETING ROOM WITH KITCHEN AND OFF-ICE; 2ND. FL. HAS ONE LARGE RM. AND SMALL STORAGE AREA; BASEMENT HAS LARGE GALLEY, SNACK BAR AREA AND 1 LG. ROOM USED FOR STORAGE & LOCKER SPACE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400053

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICHARD'S BLACK ORCHID, INCRP.

DOING BUSINESS AS ISAAC'S

ADDRESS 114 WATER STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: INFUSINO,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2ND. FLOOR OF 2 STORY BLDG. CONSISTING OF APPROX. 6,403 SQ. FT. LOOUGE,
RESTAURANT, KITCHEN AND FUNCTION ROOM. ENTRANCES/ EXITS ON EAST AND WEST
SIDE OF BLDG. AN OUTSIDE DECK APPROX. 30'X51'.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400055

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P. & J. V. OF PLYMOUTH INC.

DOING BUSINESS AS MAMMA MIA RESTAURANT

ADDRESS 122 WATER ST.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: VISCARIELO,
SALVATORE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOOR WOOD BLDG., FIRST FLOOR REST., BAR, KITCHEN HANDICAPPED
FACILITIES. SECOND FLOOR: FUNCTION ROOM, SERVICE BAR, OUTSIDE OBSERVATION
DECK AND RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400059

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIOPPIS PKG STORE, INC.

DOING BUSINESS AS

ADDRESS 183 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: BALBONI, PETER TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DOOR FOR ENTRANCE AND EXIT. ONE DOOR FOR UNLOADING ENTIRE FIRST FLOOR, TWO ROOMS FOR SALES AND STOCK ROOM. 2500 SQ FT ADDITION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400060

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH LIQUOR MART INC.

DOING BUSINESS AS PLYMOUTH LIQUOR MART

ADDRESS 285 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PATEL,
KAMALESH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND EXIT ON COURT ST. CELLAR USED FOR STOCK AND STORAGE.
12X32 ADDITION WITH ONE DOOR FOR UNLOADING AND A 40X40 ADDITION FOR SALES
AND STORAGE WITH ONE DOOR FOR UNLOADING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400061

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAYFLOWER PKG STORE, INC.

DOING BUSINESS AS

ADDRESS E/S STATE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: WHITING,
RUSSELL E

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE ON STATE ROAD, EXIT IN REAR ON S/S. ONE FLOOR WITH THREE ROOMS, FRONT USED FOR SALES AND TWO ROOMS FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400066

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T.M.C.C. INC

DOING BUSINESS AS BRADFORD'S PACKAGE STORE

ADDRESS 230 SANDWICH STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: HESLIN, THOMAS TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE; ONE SIDE ENTRANCE, AND ONE REAR EXIT. ONE FLOOR: TWO ROOMS WITH CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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239 Causeway Street
Boston, MA 02114
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400067

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTH STREET PKG STORE, INC.

DOING BUSINESS AS MAYFLOWER FOOD & SPIRITS

ADDRESS 164 SOUTH STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CARAFOLI,
CHARLES E

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 LARGE STORE WITH A PKG. STORE SECTION, VIDEO SECTION AND VARIETY STORE SECTION; TWO ENTRANCES AND EXITS IN FRONT OF BLDG., ONE EXIT IN REAR OF BLDG. AND ONE SIDE ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400068

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH PERRY'S MARKET, INC.

DOING BUSINESS AS PERRY'S MARKET

ADDRESS 200 STANDISH AVENUE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: GIULIOTTI, RICK TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND EXIT ON STANDISH AVE. AND ONE EXIT AT REAR OF BLDG. INTO ALLEY. CELLAR AND BACKROOM USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400070

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROGERS SUPERMARKET,INC

DOING BUSINESS A LUKE'S SUPER LIQUORS

ADDRESS STATE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MONAST, ROGER TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR USED FOR SELLING AREA AS WELL AS STORAGE AREA WITH NEW STORAGE BEING IN HALLWAY AND GARAGE AND CELLAR OF BLDG. TO BE USED ALSO FOR STORAGE OF EXTRA STOCK, BOTH LIQUOR AND GROCERY THREE ENTRANCES AND EXITS; TWO FRONT; ONE SIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400072

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KARAGOSIAN CORP.

DOING BUSINESS AS PLYMOUTH LIQUORS

ADDRESS 91 CARVER ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: KARAGOSIAN,
JANICE R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY, 8,000 SQ. FT., SALES FLOOR, BACK STORAGE, 2 WASHROOMS, UTILITY CLOSET,
BOTTLE BILL ROOM, BEER CHEST, 1 RECEIVING ROOM, A FRONT ENTRANCE/EXIT DOOR,
AN EMERGENCY EXIT DOOR ON SALES FLOOR AND 1 OUT BACK IN STORAGE AREA.
TWO OVERHEAD DELIVERY DOORS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400076

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DENNIS JOHN MC NICHOLAS

DOING BUSINESS AS PLAZA PACKAGE STORE

ADDRESS STANDISH PLAZA, RTE 44

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR 60X40, 2 SEPARATE DOORS ON STREET SIDE OF BLD. 2 ENTRANCES AND 2 EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400077

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SYEDA H. CHAWDHURY

DOING BUSINESS A TEDESCHI'S #329

ADDRESS 15 MAIN ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3,300 SQ. FT. CONVENIENCE STORE WITH APPROX 250 SQ. FT. OF SALES AREA AND 100
SQ. FT. OF STORAGE AREA DEVOTED TO BEER AND WINE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400081

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUCIOSO'S PUB LLC

DOING BUSINESS AS LUCIOSO'S PUB

ADDRESS 6 SPRING LANE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: DAHER III,
GABRIEL J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADD RM OF APPRO. 324 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400082

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FIRST VCH CORPORATION

DOING BUSINESS AS LOBSTER HUT

ADDRESS 25 TOWN WHARF

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: HINDERSCHIED, TYPE OF LICENSE: Restaurant
BERT

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BUILDING WITH KITCHEN AND SERVING AREA HAVING
FOUR ENTRANCES AND EXITS, DINING ROOM WITH FIVE ENTRANCES AND EXITS,
THREE OF WHICH LEAD TO OUTSIDE WATERFRONT DINING AREA AND BOARDWALK.
SECOND STORY LIMITED TO OFFICE AND STORAGE SPACE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400083

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANOMET LIQUOR, INC.

DOING BUSINESS AS

ADDRESS 2291 STATE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: O'DONNELL,
EDWARD

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DOOR WITH FRONT AND REAR EXIT, BACK ROOM FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400086

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAM DIEGO'S EAST INC

DOING BUSINESS AS SAM DIEGO'S MEXICAN COOKERY & BAR

ADDRESS 51 MAIN ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: sorenson,richard

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: KITCHEN, BAR, TABLE SERVICES. SECOND FLOOR BAR, LOUNGE, BASEMENT: KITCHEN, STORAGE AND RECEIVING. ONE FIRST FLOOR ENTRANCE AND EXIT ON THE WEST SIDE OF THE BUILDING AND ONE ENTRANCE/EXIT ON THE EAST SIDE OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400089

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH PROPERTY, LLC

DOING BUSINESS AS THE BRITISH BEER COMPANY

ADDRESS 6 MIDDLE STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: Clarke, robert

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR ENTRANCE ON MIDDLE STREET, ONE ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400090

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH CHAHINE

DOING BUSINESS AS THE PHOENECIAN

ADDRESS 202 SOUTH MEADOW STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, ONE BATHROOM, 2 EMERGENCY EXITS, 2 MAIN ENTRANCE,
KITCHEN AND STORAGE ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400095

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A. CHARLES CARANCI, JR.

DOING BUSINESS AS SQUIRREL RUN COUNTRY CLUB AT COACHMAN VILLAGE

ADDRESS 106 CARVER ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADDING THE OUTDOOR PAVILION AREA, 50X100, WHICH ADJOINS EXISTING LICENSED PREMISES BY WAY OF PRIVATE PATHWAY, CORDONED OFF AND WITHIN EYESIGHT OF CLUBHOUSE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400096

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHARON F. SORCENELLI

DOING BUSINESS AS CEDARVILLE WINE & SPIRITS

ADDRESS 2245 STATE RD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4000 SQ FT OF RETAIL SPACE AND A FULL BASEMENT FOR STORAGE, ONE ENTRANCE AT THE FRONT OF THE STORE AND A REAR EXIT AND ONE LOADING DOCK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400098

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 14 UNION STREET

DOING BUSINESS A UNION FISH

ADDRESS 14 UNION ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: TOCCHIO,
CHRISTOPHER R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST AND SECOND FLRS AND UPPER AND LOWER DECK OF A MARINA SUPPORT BLDG.
ENTRANCES AND EXITS EAST AND WEST SIDES. FIRST FLR: RESTAURANT AND
RESTAURANT SERVICE AREA. SECOND FLR: KITCHEN, STORAGE AND PUBLIC DINING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400101

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WATER STREET RESTAURANT GROUP, LLC

DOING BUSINESS AS THE WATERFRONT

ADDRESS 170 WATER ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CARDELLE,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY FREE STANDING STRUCTURE, TWO ENTRANCES AND TWO EXITS FROM THE GROUND FLOOR, TWO EXITS FROM THE SECOND FLOOR, KITCHEN, TWO DINING AREAS, ONE LOUNGE, 13 X 29 ATRIUM AND RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400102

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KIMBALL FAMILY CORPORATION

DOING BUSINESS AS WOOD'S SEAFOOD

ADDRESS 15 TOWN PIER

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: KIMBALL, JAMES TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; KITCHEN, FISH MARKET AND SEATING AREA, THREE ENTRANCES AND
EXITS. SECOND FLOOR; OFFICE AREA. OUTSIDE CANOPY SEATING AREA. ALSO TO
INCLUDE AN EXTERIOR DECK LOCATED ADJACENT TO THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400104

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMERICAN INTERNATIONAL TRADING, INC.

DOING BUSINESS AS CHINA PILGRIM RESTAURANT

ADDRESS 204 SOUTH MEADOW ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: TANG-ENG, YIN
LAI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH TWO DINING ROOMS, ONE ENTRANCE, TWO EXITS AT FRONT AND
THREE OTHER EXITS, A KITCHEN, STORAGE ROOM AND AN OFFICE AND ONE SERVICE BAR:
TOTAL AREA APPROX. 3,584 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400110

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RK Restaurant Associates, Inc

DOING BUSINESS AS T-Bones Roadhouse

ADDRESS 22 MAIN STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: Wilcox, Colin

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, APPROX 4,000 SQ. FT, FRONT ENTRANCE, 2 WAITING AREAS, 2 DINING ROOMS, BAR, KITCHEN, SEATING CAPACITY IS 100, OCCUPANCY IS 250.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400118

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINICIO CORDON

DOING BUSINESS AS SABOR

ADDRESS 015-23 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CORDON, VINICIO TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400119

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A & N RESTAURANT GROUP, INC.

DOING BUSINESS AS TUSCANY TAVERN

ADDRESS 294 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: NOCERA,
ALESSANDRA C.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400120

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH LODGE NO. 2485 ,LOYAL ORDER OF MOOSE,INC.

DOING BUSINESS A

ADDRESS 601 STATE RD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: KUHN, FRANCIS J. JR. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FUNCTION ROOM, ONE SOCIAL QUARTERS, ONE MEETING ROOM, RESTROOMS IN HALLWAY. TWO OUTSIDE EXITS FROM SOCIAL QUARTERS, ONE OUTSIDE EXIT FROM FUNCTION ROOM, ONE OUTSIDE EXIT FROM MEETING ROOM. ALL ROOMS ARE CONNECTED, TOTAL FOUR OUTSIDE EXITS WITH 2-3 WAYS OF EXIT FROM EACH ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400122

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAVERLY OAKS GOLF CLUB, INC.

DOING BUSINESS AS

ADDRESS 444 LONG POND ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: RIDDER, MARK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400123

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NICOLE M. DIGIUSTO

DOING BUSINESS AS CARMEN'S CAFE NICOLE

ADDRESS 114 WATER STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: DIGIUSTO,
NICOLE M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400126

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICHARD'S WINE AND SPIRITS, INC

DOING BUSINESS AS

ADDRESS 14 NORTH PARK AVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: BERG, STEPHEN J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF PREMISE WITH APPROX 1600 SQ FT OF FLOOR SPACE WITH A FRONT AND SIDE EXIT WAYS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400127

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTHERS MARSH GOLF CLUB LLC

DOING BUSINESS AS

ADDRESS 30 SOUTHERS MARSH LANE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: STEARNS,
WILLIAM B

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3300 SQ FT CLUBHOUSE TO SERVICE GOLF COURSE. FUNCTION ROOM SEATS 120 WITH FIVE ENTRANCES/EXITS. COVERED DECK WITH RAILING ON NORTH SIDE. 46X64 TENT WHICH IS SET UP ON THE LAWN IMMEDIATELY ADJACENT TO THE MAIN CLUBHOUSE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400131

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH COUNTRY CLUB, INC

DOING BUSINESS AS PLYMOUTH COUNTRY CLUB

ADDRESS WARREN AVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER:

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

12 ENTRANCES/ EXITS. CLUBHOUSES, TWO FLOORS AND BASEMENT..FIRST FLOOR: 12 ROOMS..SECOND FLOOR: FUNCTION ROOM, RESTAURANT KITCHEN, WOMEN AND MEN'S ROOMS, OUTSIDE DECKS..SNACK HUT IS LOCATED ON THE 10TH TEE..12X12 PATIO AREA LOCATED NEAR SNACK HUT AT TENTH TEE...ALCOHOLIC BEVS. ARE DISPENSED FROM THE SNACK HUT AND CONSUMED WITHIN THE PATIO AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400132

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOCERA RESTAURANT GROUP, INC

DOING BUSINESS AS CAFE STREGA

ADDRESS 16 MAIN ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: DEFILLIPPIS,
MARIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400133

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE NEW WORLD TAVERN, INC

DOING BUSINESS AS

ADDRESS 56 MAIN STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: HEINE, KARL JR. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400135

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANT OF BOSTON, LLC

DOING BUSINESS AS 99 RESTAURANT & PUB

ADDRESS 19 HOME DEPOT DRIVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MCKEOWN,
RUSSELL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400137

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SESAME Z CORP.

DOING BUSINESS AS SUSHI JOY

ADDRESS 124B COLONY PLACE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CHEN, GAN QUAN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400141

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CABBYSHACK, INC.

DOING BUSINESS AS CABBYSHACK

ADDRESS 30 TOWN WHARF RD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: BRINI, LISA A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400144

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SANDRA A. COTTI

DOING BUSINESS AS SANDY'S AT PLYMOUTH BEACH

ADDRESS 132 WARREN AVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400145

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRESKOE, LLC

DOING BUSINESS AS ON THE ROCKS

ADDRESS 424 LONG POND RD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PAGANIS,
STATHIS

TYPE OF LICENSE: Commercial club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

56X12SQFT MODULAR BULD. INCLUDES PRO SHOP, SNACK AREA COFFEE BAR, OFFICE,
AND BATHROOM. DECK IS AT REAR OF BUILDING SEATING FOR 32 PEOPLE. TENT AREA
THAT FITS UP TO 200 PEOPLE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400146

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SODEXHO OPERATIONS, LLC

DOING BUSINESS AS CREATIVE GORMETS

ADDRESS 137 WARREN AVENUE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: ARKELL,
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400148

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VERC ENTERPRISES, INC

DOING BUSINESS AS VERC EXXON

ADDRESS 131 COMMERCE WAY

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: VERCOLLONE,
PAUL

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

COMBO GAS SERVICE STATION, CAR WASH AND CONVENIENCE & PACKAGE STORE.
THE FACILITY WILL BE ONE STORY, APPROX 3000 SQFT AND WILL HAVE DOUBLE
DOORS IN THE FRONT AND THREE SINGLE DOORS IN BACK FOR ENTRY AND EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400150

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CATORIMA, INC

DOING BUSINESS AS PILGRIM WINE & SPIRIT

ADDRESS 35 HOME DEPOT DR

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: GRAFTON,
RICHARD F

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK BUILDING CONTAINING 4100SF OCCUPYING END CAP SPACE
DIVIDED INTO TWO HANDICAPPED ACCESSIBLE TOILETS AND STORAGE ROOM AT REAR OF
BUILDING AND SALES AT FRONT. ONE MAIN ENTRANCE AT FRONT AND EMPLOYEE
INGRESS/EGRESS AT REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400151

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BLACK RASPBERRY PUB, LLC

DOING BUSINESS AS THE BLACK RASPBERRY PUB

ADDRESS 36 CORDAGE PARK CIRCLE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: GAROFALO,
DIANE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PUB AND RESTAURANT THAT TOTALS 3341 SQ FT. THREE POINTS OF EGRESS TO
COMMON AREA OF GENERAL STRUCTURE AND ONE EGRESS TO OUT DOOR PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400152

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIGHTHOUSE ENTERPRISES, LLC

DOING BUSINESS AS LONG RIDGE WINE AND SPIRITS

ADDRESS 8 PURCHASE STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: TIBBETTS,
NANCY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3200 SQ FT ON FIRST FLOOR RETAIL SPACE. THREE EXITS. 600 SQ FT OF STORAGE IN BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400153

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BUGABOO CREEK HOLDINGS, INC

DOING BUSINESS AS BUGABOO CREEK STEAK HOUSE

ADDRESS OFF LONG POND RD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02169

MANAGER: Berry, Brian

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400154

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SODEXHO OPERATIONS, LLC

DOING BUSINESS AS CREATIVE GOURMET (ACCOMACK ROOM)

ADDRESS 137 WARREN STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: ARKELL,
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400155

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SODEXHO OPERATIONS LLC

DOING BUSINESS AS CREATIVE GOURMET(PEABODY PICNIC PAVILLION

ADDRESS 137 WARREN STREET_C

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: ARKELL,
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400156

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANOMET BLUES, LLC

DOING BUSINESS AS SWEET LEMONS

ADDRESS 986 STATE RD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: GREVENITZ,
KAREN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE ON STATE ROAD, FOUR ADDITIONAL EXITS ON THE NORTH AND EAST SIDES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400160

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH WINE CELLAR, INC

DOING BUSINESS AS

ADDRESS 63-R COURT ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02369

MANAGER: GONSALVES,
SUZANNE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 2900 SQ FT IN BASEMENT. ENTRANCE ON MIDDLE ST INTO SHOWROOM FOR
SALES AT RETAIL TO PUBLIC. SEPARATE AREA IN BACK FOR STORAGE AND WINE
CELLAR. SEPARATE OFFICE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400161

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OS GOLF MANAGEMENT,LLC THE LEARNING CENTER

DOING BUSINESS A

ADDRESS 47A DOUBLE BROOK

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FORD, DREW

TYPE OF LICENSE: Commercial club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400162

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KALKANIS BROTHERS, INC

DOING BUSINESS AS MINERVA'S PIZZERIA

ADDRESS 2291 STATE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: KALKANIS,
FOTIOS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400166

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PHILLIP J. O'HANLEY

DOING BUSINESS AS 'WATER STREET CAFE'

ADDRESS 25 WATER STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: O'HANLEY,
PHILLIP J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400167

CITY OR TOWN **PLYMOUTH**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Your Next Meal Corp**

DOING BUSINESS AS **The Blue Eyed Crab Grill and Raw Bar**

ADDRESS **170 WATER ST**

CITY/TOWN: **PLYMOUTH**

STATE: **MA**

ZIP CODE: **02360**

MANAGER: **Casey, James F.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

600 SF DINING ROOM WITH TWO EXITS. 200 SF KITCHEN AND BATHROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400171

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RUSSELL QUIGG

DOING BUSINESS AS ON THE TEE

ADDRESS 8 NATALIE WAY

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: QUIGG, RUSSELL TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4000 SQ FT BUILDING 60 X 65, ONE ENTRANCE IN FRONT, ONE EXIT ON SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400172

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TGI FRIDAY'S, INC

DOING BUSINESS AS TGI FRIDAY'S

ADDRESS 200 COLONY PLACE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MEYER, DENISE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 5758 SQ FT WHICH INCLUDES KITCHEN, DINING AREA AND BAR WHICH WILL SEAT APPROX 24. THREE SEPARATE ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400173

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RED ROBIN INTERNATIONAL, INC

DOING BUSINESS AS RED ROBIN AMERICA'S GOURMET BURGERS AND SPIRITS

ADDRESS 269 COLONY PLACE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: ZAHARA, ROBERT TYPE OF LICENSE: Restaurant
JR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH OUTDOOR ATTACHED PATIO ON RIGHT SIDE OF BLDG. FRONT
ENTRANCE AND TWO EXITS ON EACH SIDE OF BLDG. DINING ROOM AND LOUNGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400174

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAYBEAN INC.

DOING BUSINESS AS ROO BAR

ADDRESS 10 CORDAGE PARK CIRCLE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02539

MANAGER: MACKIN, KRISTIN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5961 SQ FT OF FIRST FLOOR SPACE OF BRICK AND WOOD CONSTRUCTION CONSISTING OF A LOUNGE AREA, MAIN DINING ROOM, KITCHEN AREA, BAR AREA WITH MAIN ENTRANCE AND TWO OTHER ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400175

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BANKOK CUISINE, INC-PLYMOUTH

DOING BUSINESS AS

ADDRESS 10 COURT ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: SANGWORN,
KHAMPO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BRICK BUILDING WITH APPROX 3000 SQ FT OF FINISHED INTERIOR. DINING ROOM
LOCATED IN FRONT AND KITCHEN IN REAR. ONE ENTRANCE AND EXIT FACES COURT
ST AND ON ENTRANCE AND EXIT AT REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400176

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Plymouth Hotel Investment, LLC

DOING BUSINESS A Hilton Garden Inn

ADDRESS 4 HOME DEPOT DRIVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: LAJOIE, KELLY J. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

130 ROOM, 5 STORY HOTEL WITH A TOTAL OF 91,500 SQ FT. 1ST FLR; DINING
PAVILLION, SMALL BAR, REGISTRATION DESK, EXERCISE ROOM, POOL AREA. 2 SMALL
MEETING ROOMS, FOOD PREP AREA, HOUSEKEEPING, STORAGE, 10 GUEST ROOMS,
LAVATORIES. EGRESS TO OUTSIDE PATIO.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400178

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OS Golf Management LLC

DOING BUSINESS AS

ADDRESS 43 Doublebrook

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FORD,DREW

TYPE OF LICENSE: Commercial club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7.6 acres with buildings thereon including a clubhouse with a bar, banquet rooms and a patio on the first floor and a bar. Banquet rooms and outdoor deck on ground floor with 10 exits and entrances

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400181

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Bertucci's Restaurant Corp

DOING BUSINESS AS BERTUCCI'S ITALIAN RESTAURANT

ADDRESS 6 Plaza Way

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MOONEY,
RICHARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6097 sq ft of space on one level. One kitchen, one large dining area, one bar and lounge, outdoor seating area and one main entrance and exit

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400183

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HATSUHAN JAPANESE RESTAURANT CORP.

DOING BUSINESS AS NEW TOKYO RESTAURANT

ADDRESS 6 HOME DEPOT DRIVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CHEUNG, TSZ HOP TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE IS LOCATED ON HOME DEPOT DRIVE. ONE EMERGENCY EXIT ON THE SIDE OF THE REST. AND ONE BACK EXIT FOR DELIVERY.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400185

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEPPER DINING, INC.

DOING BUSINESS AS chili's grill

ADDRESS 2 Plaza Way

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: JONES, JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one story wood bldg with kitchen and dining facilities totaling 5959 sf. One front, two side and one rear ent/exit. Separate rear exit for mechanical and fire. Bar area includes 77 seats including 4 person and 6 person booths. Dining area includes 142 seats including 2, 4 and 6 person booths. Separate and caged storage for wine and spirits and locked cooler for beer

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400189

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GMRI, INC

DOING BUSINESS AS THE OLIVE GARDEN ITALIAN RESTAURANT # 1730

ADDRESS 102 Colony Place

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: Maher, Erin M

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7441 sq ft of tuscan farmhouse prototype consisting of wood frame structure. Separate dining and lounge area

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400192

CITY OR TOWN **PLYMOUTH**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Village Vineyards, Inc**

DOING BUSINESS AS **Village Vineyards Fine Wine & Spirits**

ADDRESS **Village at Colony Place**

CITY/TOWN: **PLYMOUTH**

STATE: **MA**

ZIP CODE: **02360**

MANAGER: **Morgan, Randolph**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2506 sq ft of floor area

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400193

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE STORE AT SANDY POND INC.

DOING BUSINESS A

ADDRESS 832 BOURNE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: DOONAN,III,
RICHARD N.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ. FT. RETAIL STORE- 3 EGRESS, FRONT, BACK, AND SIDE BY LOADING DOCK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400194

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE VILLAGE RECQUET & FITNESS CLUB AT THE PINEHILL

DOING BUSINESS A

ADDRESS 30 GOLF DRIVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: HORNE,
CHRISTOPHER S.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

43000 SQ.FT BUILDING WHICH CONSISTS OF THREE INDOOR TENNIS COURTS, AN INDOOR SWIMMING POOL. SECOND FLOOR; LOCKER ROOMS, TRAINING ROOMS AND EXERCISE AREAS. SPORTS BAR IN THE CENTER LOBBY BETWEEN THE SWIMMING POOL AND TENNIS COURT. ENTRANCE ADJACENT TO THE SPORTS BAR. EXIT ON NW SIDE OF BUILDING. AND ENTRANCE/EXIT IN THE POOL AREA...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400196

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JACOMO INC

DOING BUSINESS AS PLYMOUTH HOUSE OF PIZZA

ADDRESS 50 LONG POND ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PAPPAS, JACOB

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

33 SEAT RESTAURANT WITH ONE FRONT DOOR, ONE REAR EXIT LOCATED AT THE BACK
OF THE KITCHEN/ PREP AREA

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400197

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ABCC, INC.

DOING BUSINESS AS THE UPPER CRUST PIZZERIA PLYMOUTH

ADDRESS 15 COURT ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CARVELLI,
ALBERT B.JR.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REST. WITH A DINING AREA ,KITCHEN,AND TWO RESTROOMS ON FIRST LEVEL WITH
TWO ENTRANCES/EXITS. STORAGE AREA AND WALK IN FREEZER IN BASEMENT LEVEL
WITH ONE ENTRANCE /EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400199

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KONIDA LLC

DOING BUSINESS AS JUNGLE PLEX

ADDRESS 8 NATALIE WAY

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: YEE, DARIN

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

67000 SF INDOOR SPORTS FACILITY...ONE MAIN ENTRANCE AT FRONT OF FACILITY
WITH THREE ADDITIONAL EXITS ALONG EACH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400200

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPITOL HOSPITALITY GROUP INC.

DOING BUSINESS AS ON THE ROCKS TAVERN

ADDRESS 42 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: JONES, MICHAEL J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR AREA CONSISTING OF 18 BAR STOOLS, DINING ROOM WITH SEATING FOR 20 PEOPLE...ONE ENTRANCE TO COURT STREET, ONE ENTRANCE TO REAR ALLEY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400202

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTH SHORE RESTAURANT GROUP LLC

DOING BUSINESS AS EAST BAY GRILLE-PINHILLS GOLF CLUB

ADDRESS 54 CLUBHOUSE DRIVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: BARBATO,
DENNIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A TWO ROOM MIXED USE BUILDING WITH WSES INCLUDING DINING ROOMS AND KITCHEN, MEN'S AND WOMEN'S LOCKER ROOMS AND LOUNGES, A PRO SHOP, OFFICES AND ELECTRIC GOLF CART STORAGE. INCLUDED FOR DINING ARE THREE ROOMS. PAVILLION, GRILL ROOM AND MEETING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400203

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLYMOUTH BAY MANAGEMENT INC

DOING BUSINESS A PARK PLACE TAVERN

ADDRESS 21 SOUTH PARK AVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FOLEY, EUGENE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING AREA, KITCHEN, OFFICE AND STORAGE SPACE, OUTSIDE DECK, RESTROOMS,
TWO ENTRANCES, ONE IN FRONT AND ONE ON SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400204

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PATRIZIA'S ITALY TRATTORIA INC.

DOING BUSINESS A PATRIZIA'S ITALY TRATTORIA

ADDRESS 170 WATER STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MATTHEWS,MAR TYPE OF LICENSE: Restaurant
K

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1100 SQ FT RESTAURANT WITH SEATS. ONE KITCHEN, ONE BAR AND ONE ROOM AREA.
ONE EGRESS IN DINING ROOM ONE EGRESS IN BAR AREA. TWO SETS OF FRENCH DOORS
OFF THE BAR AREA. OUTDOOR PATIO AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400205

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MICHAEL'S 390 COURT STREET INC.

DOING BUSINESS A MICHAEL'S 390 COURT STREET

ADDRESS 390 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FOLGER, PHYLLIS TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT OF BUILDING APPROX. 1374 SF CONTAINING DINING AREA AND
BAR AREA... ENTRANCE AND EXIT ON COURT STREET... KITCHEN LOCATED OFF FRONT
DINING ROOM WITH EXIT ON NORTH SIDE... REAR DINING ROOM IS 616 SF WITH AN EXIT
ON THE NORTH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400206

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CDS BEACH CORPORATION

DOING BUSINESS AS SANDCASTLE LOUNGE

ADDRESS 150 WARREN STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: HARRINGTON,
DAVID

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONSISTS OF A 64 ROOM MOTEL WITH A 72 SEAT FUNCTION ROOM AND A 40 SEAT COFFEE SHOP/SANDCASTLE LOUNGE...THERE IS AN OUTSIDE PATIO WHICH EXTENDS ALONG THE OCEAN SIDE...THERE ARE THREE EXITS FROM THE STREET SIDE OF THE BUILDING TO THE OUTSIDE AS SHOWN...THERE ARE THREE EXITS TO THE OUTSIDE PATIO ON THE OCEAN SIDE WITH EXIT STAIRS FROM THE PATIO ON THE SOUTH END...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400207

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DR. SCOTT GRENQUIST

DOING BUSINESS AS CORNER POCKET PUB

ADDRESS 295 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: GRENQUIST, DR. SCOTT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE/EXIT ON COURT ST.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400208

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DINATALE SEAFOOD CO II INC.

DOING BUSINESS AS

ADDRESS 315 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: DINATALE,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SF RESTAURANT AND FISH MARKET...ONE ENTRANCE IN FRONT AND ONE
ENTRANCE IN KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400209

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: L J P CORPORATION

DOING BUSINESS AS MARTINI'S BAR AND GRILL

ADDRESS 50 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PERETTE, JOSEPH TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

76 X 38 WITH FRONT ENTRANCE AND SIDE DOOR. BAR, KITCHEN DINING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400210

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARK RESTAURANT MANAGEMENT GROUP LLC

DOING BUSINESS AS ALDEN PARK

ADDRESS 160 COLONY PL

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: WUNDER,
WALTER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5000 SF WITH FRONT GUEST ENTRANCE WITH ACCESS TO AN OUTSIDE DINING
COURTYARD ON SIDE EMPLOYEE/DELIVERY ENTRANCE IS ACCESSED FROM THE REAR
AND THE FACILITY HAS A PRIVATE DINING AREA BAR/HIGH TOP
DINING OR BOOTH/TABLE PRIVATE DINING IN THE REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400211

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CMGM CORP

DOING BUSINESS AS MAESTRO RISTORANTE

ADDRESS 63 LONG POND ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: DEPAOLO, MICHA TYPE OF LICENSE: Restaurant
EL F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400212

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OS GOLF MANAGEMENT

DOING BUSINESS AS

ADDRESS 35-37 DOUBLEBROOK RD.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FORD, DREW

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MINI BARS AT OVERNIGHT FACILITIES AT 35, 37 AND 39 DOUBLEBROOK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400213

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERT'S LANDING LLC

DOING BUSINESS AS BERT'S LANDING

ADDRESS 140 WARREN AVE

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MC KEON, ROBIN TYPE OF LICENSE: Restaurant
L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400214

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE FULL SAIL INC.

DOING BUSINESS AS THE FULL SAIL

ADDRESS 47 COURT ST

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PRIFTI, SHAUNA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPRX 1300 SQ. FT. FULL KITCHEN, HANDICAPPED ACCESS RESTROOMS AND A 9 SEAT
BAR AND DINING RM. FULL ACCESS HANDICAPPED ENTRANCE WITH AUTOMATIC
DOORS AT FRONT OF BUILDING. SECOND EXIT IS AT BACK OF DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400215

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: L AND L WINE CELLAR INC.

DOING BUSINESS AS THE WINE CELLAR

ADDRESS 690 STATE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: TRIPP III, LORING TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 1300 WITH LOUNGE/EDUCATION AREA, BAR AREA, FOOD PREP AREA BEHIND
BAR...ENTRANCES AND EXITS ON EAST AND WEST OF THE BUILDING...

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400216

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHINA GOURMET INC

DOING BUSINESS AS

ADDRESS 30 MANOMET POINT RD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: ZHAO, KEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 3600 SQ FT TWO ENT AND EXITS A SERVICE BAR, KITCHEN ON ONE SIDE,
DINING ROOM ON THE OTHER SIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400217

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLIO LLC

DOING BUSINESS AS OLIO

ADDRESS 3 VILLAGE GREEN N.

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CONTI, STEPHEN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1164 SQ. FT , FOUR ENTRANCES, FRONT DOOR, BACK DOOR, LOBBY DOOR, AND POST
OFFICE DOOR, CAFÉ AREA WITH 29 SEATS, KITCHEN AREA AND OUTDOOR PATIO AREA
WHICH IS 250 SQ. FT. WITH 15-20 SEATS.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400218

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PATSFAN INC.

DOING BUSINESS A MAIN STREET SPORTS

ADDRESS 39-41 MAIN STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: VOGEL, BRIAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ST FLOOR;TWO ENT/EXITS.ONE ON MAIN STREET ONE ON MIDDLESTREET, KITCHEN
BAR AND DINING AREAS 2ND FLOOR BAR AND DINIG AREAS.2ND FLOOR BAR AND
DINING AREAS TWO EXITS, ONE IN REAR OF BUILDING, ONE IN FRONT OF BUILDING.
KITCHEN IN REAR OF BUILDING.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400219

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RYE TAVERN CORPORATION

DOING BUSINESS AS

ADDRESS 517 OLD SANDWICH ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FARRAR, JOANNA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR AND PATIO AREA..TWO ENTRANCES AND EXITS FOR PUBLIC ON FIRST FLOOR, ONE MAIN ENTRANCE/EXIT AND ONE SIDE ENTRANCE/EXIT...KITCHEN APPROX.489 SF, BAR AND DINING AREA AND BATHROOM INSIDE: PATIO OUTSIDE...

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400221

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHANTY ROSE INC

DOING BUSINESS AS SHANTY ROSE

ADDRESS 16 TOWN WHARF

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: MILMORE,
RICHARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR SEATING 8 PEOPLE, TABLES SEATING 11, KITCHEN AREA. OUTSIDE DECK SEATING EIGHT. ONE FRONT ENTRANCE AND ONE REAR ENTRANCE. WHEELCHAIR RAMP AND HANDICAPPED BATHROOM

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400222

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HIBACHI GRILL SUPREME BUFFET INC

DOING BUSINESS AS SKY SEAFOOD BUFFET

ADDRESS 20 SHOPS AT 5 WAY

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: LU, XUE CHAI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 6590 SQ FT WITH TWO DINING ROOMS, ONE LUONGE BAR, KITCHEN,
RESTROOMS AND STORAGE ROOM, ONE ENTRANCE AND TWO EXITS.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400223

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DRIFT HOUSE LLC

DOING BUSINESS AS THE DRIFTWOOD PUBLIC HOUSE

ADDRESS 39 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: BRYANT,
REBEKAH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE DINING ROOM AND RESTROOMS ARE LOCATED IN THE FRONT AND KITCHEN,
STORAGE AND OFFICE ARE LOCATED IN THE BACK...ALL ON FIRST FLOOR...THERE IS
ONE EXIT AND ENTRANCE AT FRONT AND ADDITIONAL EXIT IN THE BACK

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400224

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RIO'S STEAKHOUSE LLC

DOING BUSINESS AS

ADDRESS 318 COURT STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: RYN, MICHAEL
JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE IS THROUGH FRONT OF BUILDING ON COURT ST. AND BRINGS YOU INTO DINING AREA, EXIT AT THE LEFT REAR PORTION OF RESTAURANT GIVING ACCESS TO AND FROM THE DRIVEWAY AND PARKING LOT ON LEFT OF THE BUILDING. KITCHEN IS LCOATED IN THE BASEMENT PORTION.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400225

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AROMA HOSPITALITY LLC

DOING BUSINESS AS AROMA TAVERN AND GRILL

ADDRESS 739 STATE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FITZPATRICK,
JACIE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR AREA WITH TWO EGRESSES, ONE LEADING TO THE MAIN ENTRYWAY, THE OTHER LEADING DIRECTLY TO OUTSIDE, DINING ROOM WITH TWO EGRESSES, ONE BACK THROUGH THE MAIN ENTRANCE AND ONE IN THE REAR OF THE ROOM IN THE FORM OF AN EMERGENCY EXIT, KITCHEN AREA HAS TWO EGRESSES LEADING DIRECTLY TO THE OUTSIDE OF THE RESTAURANT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400227

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STAV FAMILY ENTERPRISES INC.

DOING BUSINESS AS ANNA'S HARBORSIDE GRILLE

ADDRESS 145 WATER STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: STAVROPOULOS, TYPE OF LICENSE: Restaurant
DEMETRIOS

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING AREA, BAR AREA, AN ORDER AREA WITH PICKUP COUNTER, FOOD PREP AND
SINK CLEANING AREAS AND A REA FULL KITCHEN...TWO FULLLY ACCESSIBLE
BATHROOMS AND THE PREMISES WILL HAVE THREE EXITS FOR USE BY THE PUBLIC
AND AN ADDITIONAL REAR EXIT IN ONE OF THE PREP AREAS..OUTSIDE PATIO AREA

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400228

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOTORIOUS LLC

DOING BUSINESS AS 42 DEGREES NORTH

ADDRESS 690 STATE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: HYNES, ERIK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3500 SF..BAR AREA, DINING AREA WALK IN REFRIDGE, MENS AND LADIES
ROOMS,..BASEMENT CONTAINS PREP AREA, STORAGE AND MECHANICAL ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400230

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M & M RESTAURANT CORPORATION

DOING BUSINESS AS TOSCANA

ADDRESS 87 SANDWICH STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PORTILLA, JUAN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GLASS FRONT WITH FRONT ENTRANCE...BAR LOCATED TO THE BACK LEFT TO THE ROOM..TWO BATHROOMS IN REAR..KITCHEN OUT BACK WITH EXIT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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